_	WIS	300		וטוע	'ISIO	N OF HEA	ALTH - STAND	ARD CERT			_	-62	2-039	938
DO NOT WRI	EPART	MENT	OF	PUBI	LIC HE Registr	EALTH AND WI ration District No	er 3/6 Prin	nary Registration Dis	strict No. 446	Registrar's N	. 458		STATE FILE NU	ABER
ON THIS STU	JB	AMENDED					NOV 8 1962	· · · · · · · · ·		2. USUAL RESID	PALOE GAR		48 1 22 21 8	
VS 300		2	}			ace of death county St	t. Francois			a. STATE M1:	ssourib. C			
Rev. 4/5	9	AMENDED				OR	orporate limits, give TOWN	HIP only) Le	ength of stay in 1b	c. CITY OR TOWN				Inside Limits
,	1 1	\$				TOWN Elvir		•		ll	<u>Elvins</u>			Yes 📭 No 🗆
094	<u> </u>	ן (ע			c.	FULL NAME OF (IF HOSPITAL OR	NOT in hospital, give loca	tion)	Inside Limits	d. STREET ADDRESS		f outside, give		Reside on Farm
2094	0	<u> </u>				INSTITUTION			Yes X No 🗆	1	201 Hamp	oton St		Yes □ No 🎉
3	2					AME OF DECEASED	First	, Mid	dle	Last	4. DATE OF	Month	Day	Year
	$- \ $						PURLSETTA	<u> </u>	. YAM!	NITZ	DEATH (<u> 0ct. 28</u>		
					5. SE	_	6. COLOR OR RACE	7. Married 🔊	Never Married		' ' '			IF UNDER 24 HR Hours Min.
5,						'emale	White	Widowed []	Divorced	6/23/188	· · · · · · · · · · · · · · · · · · ·	13 4	t D	<u> </u>
6	\&						(Give kind of work done ng life, even if retired)	106. KIND OF BUS	MESS OK INDUSIK	Y 11. BIRTHPLACE				WHAT COUNTRY
7	≧				13a. FA	THER'S NAME		13b. MOTH	HER'S MAIDEN NAM	Bollinge		NAME OF HUSB	U SH A	•
	_[[]				H	enry Pro	opst	Min	erva Sto	tler	w.	A. Yan	mitz	
8 2	<u> </u>	11			15. W	AS DECEASED EVER	R IN U.S. ARMED FORCES? yes, give war or dates of	14 600	AT SECURITY AID	17. INFORMANT		Addr		
9420	"					No				Roy Yar	<u>mnitz J</u>	Desloge	MQ.	F01/41 DFT14/FF41
10	_ ₹	1			18.	PART I.	I (Enter only one cause per DEATH WAS CAUSED BY:		- 10).	00.	-1 -	•	ON	ERVAL BETWEEN SET AND DEATH
11	-[8]	5		OMEN			IMMEDIATE CAUSE (a)	myo	eveli	I Lufa Perolis	ula.	<u> </u>		
	<u> </u>	B B		8				· 1-00	- 101	On The	Wort.	Duce		
1290-	<u> </u>	NSTE				which g above	ons, if any, pave rise to cause (a),) <u> and</u>	m sec	eroce.	70000	Source C		
$\frac{13}{2} - 0$) 	-	╁			lying c	the under- cause last. DUE TO (.			
	_ 6		-		χ	PART II	I. OTHER SIGNIFICANT C disease condition given	ONDITIONS CONTI	RIBUTING TO DEAT	H but not related	to the terminal	PÄRT HI.		was female was cy in last 90 days
			- 1		읟		disease condition diven			,			mere a pregnan	
	SIS I				icAIIG		Dealit	in me	ellelu	is, Hyp	ertensioi		Yes Disguisi	lo Unknowe
	DMENTS				CERTIFICATION 161	WAS AUTOPSY PERFORMED®	Duchel 20a. ACCIDENT SUICID	E HOMICIDE	206. DESCRIBE HO	w INJURY OCCURRI	•	1 [□ Yes □ N	
7	AENDMENTS					PERFORMED YES NO NO HOUR	20a. ACCIDENT SUICID		20b. DESCRIBE HO		•	1 [□ Yes □ N	
× Ç	AMENDMENTS					PERFORMED YES NO	Dunker 20a. ACCIDENT SUICID Month, Day, Year		20b. DESCRIBE HO		•	1 [□ Yes □ N	
INK CA CA CA CA CA CA CA CA CA CA CA CA CA	AMENDMENTS				MEDICAL CER	PERFORMED YES NO	20a. ACCIDENT SUICID T Month, Day, Year ED 20e. PLACE		n or about home,		ED. (Enter nature o	of injury in PAR	□ Yes □ N	
CK INK R P RIBBON		a			MEDICAL CER	PERFORMED YES NO	20a. ACCIDENT SUICID T Month, Day, Year ED 20e. PLACE	OF INJURY (e.g., i	n or about home,	W INJURY OCCURRI	ED. (Enter nature of	of injury in PAR	Yes N	of item 18.)
		KEAU			20c	PERFORMED YES NO	Duched 20a. ACCIDENT SUICID T Month, Day, Year ED 20e. PLACE farm, 1	OF INJURY (e.g., i actory, street, office	n or about home,	W INJURY OCCURRI	ED. (Enter nature o	of injury in PAR	Yes N	of item 18.)
		LD READ			20c	PERFORMEDY YES NO INJURY HOUT INJURY OCCURR WHILE AT WORK NOT WHILE AT V	Ducher 20a. ACCIDENT SUICID T Month, Day, Year ED 20e. PLACE farm, 6 WORK []	OF INJURY (e.g., i	n or about home, a bldg., etc.)	W INJURY OCCURRI	ED. (Enter nature of	C California on Market	Yes N	STATE
				OF	20c 21.	PERFORMEDY YES NO HOUR INJURY A.m. p.m. INJURY OCCURR WHILE AT WORK NOT WHILE AT V	Ducher 20a. ACCIDENT SUICID Month, Day, Year ED 20e. PLACE farm, 6 WORK [] 20e. PLACE farm, 6 Coccased from 7	OF INJURY (e.g., interpretation of instruction of i	n or about home, a bldg., etc.)	20f. CITY, TOWN, C	DR LOCATION Ind last saw her him.	of injury in PAR	Yes N	STATE STATE 22c. DATE SIGNED
USE BLACK INK OR TYPEWRITER RIRRON		SHOULD READ		5	20c 20c 21.	PERFORMEDE YES NO NO NO NO NO NO WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NO	Duched 20a. ACCIDENT SUICID T Month, Day, Year ED 20e. PLACE farm, 1 WORK The suicide of t	OF INJURY (e.g., in actory, street, office of the street, office of the street, o	n or about home, e bldg., etc.) , to	20f. CITY, TOWN, Co. date stated above 22b. ADDRESS Riverm	DR LOCATION Ind last saw her him, and to the best	of injury in PAR	OUNTY OUNTY ge, from the ca	STATE STATE 962 uses stated. 22c. DATE SIGNED 10/29/6
		SHOULD		5	20c PED 20c 20c 21. 22a BU RE	PERFORMEDY YES NO HOUR TIME OF HOUR INJURY A.m. p.m. INJURY OCCURR WHILE AT WORK NOT WHILE AT V I attended the de Death occurred a S. SIGNATURE JRIAL, CREMATION, MOVAL (Specify)	Duchic 20a. ACCIDENT SUICID T Month, Day, Year ED 20e. PLACE farm, 1 WORK Place Company Place (Decensed from Place (Decensed from	OF INJURY (e.g., i actory, street, office of title)	n or about home, e bidg., etc.) , to	20f. CITY, TOWN, Company of the comp	DR LOCATION Ind last saw her him, and to the best Ines, M 23d. LOCATION	of injury in PAR	OUNTY OUNTY ge, from the ca	STATE 962 STATE 962 uses stated. 22c. DATE SIGNED (State)
		NO. SHOULD		5	23a. BU RE Bur	PERFORMED YES NO HOUR TIME OF HOUR INJURY A.m. p.m. INJURY OCCURR WHILE AT WORK NOT WHILE AT V I attended the de Death occurred a SIGNATURE PRIAL, CREMATION, MOVAL (Specify)	Month, Day, Year Month, Day, Year ED 20e. PLACE farm, 1 WORK December PLACE (December PLACE (December PLACE PLACE (December PLACE PLACE (December PLACE PLACE (December PLACE (December PLACE PLACE (Dec	OF INJURY (e.g., inactory, street, office of sitle) 22 NAME OF St. F:	n or about home, e bidg., etc.) , to	20f. CITY, TOWN, Company of the comp	DR LOCATION and lest saw her him do the best ines, M 23d. LOCATION St. Fre	of injury in PAR Complete on Au of my knowled: O • (City, town, or	OUNTY OUNTY ge, from the ca	STATE 962 STATE 962 uses stated. 22c. DATE SIGNED (State)
		SHOULD		3Y AFFIDAVIT OF	23a. BU 23a. BU 21.	PERFORMEDE YES NO	Month, Day, Year Month, Day, Year ED 20e. PLACE farm, 1 WORK December PLACE (December PLACE (December PLACE PLACE (December PLACE PLACE (December PLACE PLACE (December PLACE (December PLACE PLACE (Dec	OF INJURY (e.g., in actory, street, office of sitle) 27 NAME OF ST. F. ORESS	n or about home, e bidg., etc.) A. m on th CEMETERY OR CRE PRICOIS 25. DAI	20f. CITY, TOWN, Compared to the stated above. 22b. ADDRESS Riverm Memo.	DR LOCATION and lest saw her him do the best ines, M 23d. LOCATION St. Fre	of injury in PAR	OUNTY OUNTY ge, from the ca	STATE 962 STATE 962 uses stated. 22c. DATE SIGNED (State)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose na	e is recorded on the reverse side of this certificate was em	balmed by me,
or by	, Student Embalmer No	•
working under my personal supervision.		. \
Student	Signed Hursh Spub	لِـهـ
Signature of Student Embalmer	Licensed Embalmer No	236
	P. O. Address	Tuen De

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.